

# SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

**Quarterly Report**  
January to March 2015

CONTRACT No: GHH-1-00-07-00059-00  
TASK ORDER No: GHH-1-02-07-00059-00  
SUBMITTED TO USAID/ZAMBIA ON APRIL 30, 2015



This report has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-I-02-07-00059-00, implemented by John Snow, Inc. The contents of this report are the sole responsibility of SHARe II and John Snow, Inc., and do not necessarily reflect the views of USAID or the United States Government.



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## About SHARE II

The USAID-funded Support to the HIV/AIDS Response in Zambia II (SHARE II) project was signed on November 9, 2010 for a five-year period extending through November 4, 2015. SHARE II is implemented by John Snow Inc. (JSI) and partners: Initiatives Inc.; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); Zambia Health Education and Communication Trust (ZHECT); Livingstone Tourism Authority (LTA); Network of Zambians Living Positively (NZP+); Grassroots Soccer Zambia (GRS); and Serenity Harm Reduction Programme Zambia (SHARPZ).

## SHARE II Project Purpose

The purpose of the SHARE II project is to support and strengthen the multi-sectoral response to HIV and AIDS and contribute to the achievement of the USAID/Zambia Mission strategic objectives on reducing the impact of HIV/AIDS. SHARE II builds upon successes, innovations and best practices, including those from SHARE I, and works through strategic coalitions and partnerships with the National HIV/AIDS/STI/TB Council and other stakeholders to support Zambia's HIV/AIDS response.

## SHARE II Project Objectives

SHARE II has the following four project objectives or tasks:

1. Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
2. Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
3. Strengthen and expand HIV/AIDS workplace programs; and
4. Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners and other stakeholders.

This report highlights some of the progress that was made on these SHARE II tasks from January 1 to March 31, 2015.

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## Strengthen and expand leadership in HIV/AIDS and improve the policy and regulatory environment

Through Task 1, SHARE II engages, mobilizes and equips leaders (political, traditional, religious and other influential opinion leaders) to be effective HIV/AIDS change-agents; supports the enactment, formulation and implementation of appropriate HIV/AIDS-related policies and laws; and equips partner institutions (legal and law enforcement) to appropriately manage HIV-related cases. SHARE II operates at two levels:

- At the *structural level*, SHARE II provides technical support to help leaders, including traditional leaders and parliamentarians, formulate and enact appropriate HIV/AIDS-related policies and laws; provides technical guidance for providing leadership to change harmful socio-cultural practices and norms; and provides advocacy support to increase local resource allocation for the national HIV/AIDS response.
- At the *behavioral level*, SHARE II works with leaders and other key players to build their skills and competencies so that they can use their authority and reach to enhance the HIV/AIDS response. These champions and partners can then lead efforts to discourage harmful behaviors (such as multiple concurrent partnerships and gender-based violence); promote helpful interventions (including condom use and male circumcision); and apply a gender, human rights and HIV/AIDS framework to the justice system, including HIV-related law enforcement and adjudication.

A fundamental cornerstone of the SHARE II strategy in HIV/AIDS leadership engagement is to help build understanding that HIV/AIDS is a developmental issue, and that action taken by leaders in HIV/AIDS now will ultimately contribute to national development. SHARE II thus encourages leaders to incorporate HIV/AIDS advocacy into their duties and responsibilities, as citizens in positions of influence and authority.

In an optimal policy and regulatory environment, there is minimal stigma towards and discrimination against people living with HIV (PLHIV) and those affected by the pandemic; the leadership of the different societal sectors speak openly about HIV/AIDS; and both laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively and for people needing these services to access freely and without fear of discrimination. SHARE II therefore works closely with government institutions and other key stakeholders to improve the policy and legal environment for people affected by HIV/AIDS and for PLHIV.

### Growing a Strong, Healthy and Resilient Mukuni Leya Girl

On a sunny March day in Chibule village in Munokalya Mukuni chieftdom, Dorothy Simasiku—clad in her school uniform—stands in the shade of her classroom quietly nursing her baby. Nearby, Dorothy's mother, Beauty, who brought the baby to school for breastfeeding, is watching the pair intently. Beauty makes the trek to and from school twice a day so that her granddaughter can feed because the family cannot afford infant formula for the baby.

Dorothy became pregnant at the age of 15 years and dropped out of school. Her fortunes changed when SHARE II-trained Mukuni leaders spoke to her and other youths about their plans and hopes for the young people of Mukuni, including Dorothy—they want the youths of Mukuni to be

healthy, educated, strong, and resilient so that they can provide leadership and contribute positively to tomorrow's world, not only in Mukuni chieftdom, but also in Zambia and on international platforms.

Mukuni leaders and parents believe that they are, to some degree, complicit in Dorothy's predicament—they now believe that if they had put in place a supportive environment, Dorothy and others in similar situations, would have made different choices. Taking a "better late than never" approach, they are now acting to correct their previous omissions and mistakes; leaders are making rounds in each of the 284 villages of Mukuni chieftdom talking to parents—the gatekeepers—about the need to preserve the future of Mukuni chieftdom by safeguarding the lives of the



*Dorothy Simasiku, 17, nurses her daughter outside Ng'andu Basic School. Dorothy's mother (right), Beauty, brings the baby to school twice a day for feedings*

chiefdom's youths. Then they talk to the youths and tell them how much they value them and what their expectations from them are. To both groups, they provide education on HIV/AIDS; sexual reproductive health (SRH); gender norms, gender-based violence (GBV), and respectful gender relationships; the importance of education; the duties and responsibilities of parents and other adults in proper socialization of the chiefdom youths; and the responsibilities of the chiefdom youths to remain healthy and to be educated, so that they can help to build a strong and proudly Leya chiefdom.

Among the Mukuni youth, leaders are particularly concerned about the chiefdom's adolescent girls and young women (AGYW), who are disproportionately affected by HIV/AIDS; face a high likelihood of dropping out of school due to teen pregnancies and early marriages; may have limited access to education due to social and gender norms that prioritize boy education above girl

education; and are very vulnerable to GBV including sexual GBV (SGBV)—all factors that often leave AGYW in a cycle of vulnerability and poverty.

The training that Mukuni leaders provide to parents and youth is aimed at helping young people so that they too do not find themselves in Dorothy's situation, i.e. unplanned teen pregnancies. It is also aimed at helping them to avoid HIV infection, GBV, early marriages and dropping out of school. However, Mukuni leaders have not sidelined Dorothy and others in her situation. They also emphasize the need for support systems for teens like Dorothy, and the opportunity to return to school and complete their education—and with just a few words, they signal a major shift in chiefdom policy and thinking, and empower parents like Beauty to support their children to finish school.

After one such training from Mukuni leaders, Dorothy's parents made a conscious decision to re-enroll their 17 year-old daughter at Ng'andu Basic School. To facilitate Dorothy's return to school,



Beauty shares responsibility in caring for the baby, providing necessary support to guarantee the educational needs of her daughter and the nutritional needs of her granddaughter are met, without interruption. Like 24 other young girls who have recently returned to school in Mukuni Chiefdom, Dorothy is grateful for the opportunity to continue her education and for the many other possibilities life will afford her as a result of her returning to school to complete her education. Equally important, the lessons Dorothy receives from local cultural standard-bearers—known as *balaya*—ensure that she is equipped with the knowledge and information required to prevent another teen pregnancy and to protect herself from early marriage, HIV and GBV. She is also now equipped to make informed decisions about her health and her education.

### *Realigning the Cultural and Moral Compass in Mukuni*

The HIV prevalence in Livingstone, Zambia's tourism capital—around which most of Mukuni chiefdom is located—is 25.3% among adults aged 15-49, which is considerably higher than the national HIV prevalence of 13.3%. Recognizing this, SHARe II partnered with Mukuni chiefdom in late

2011 to provide a tailored package of support to help the chiefdom to respond to HIV and to address the drivers of the epidemic.

Through a participatory community capacity assessment and strategic planning process, Chief Mukuni and fellow chiefdom leaders identified local HIV/AIDS drivers, development priorities for the chiefdom and outlined strategies for implementing development activities. In August 2013, Chief Mukuni and his people, with support from SHARe II, launched the *Munokalya Mukuni Chiefdom Strategic Development Plan (SDP) 2013-2017*, which outlines strategic areas and objectives for chiefdom development and poverty reduction that mainstream HIV as a developmental issue. In May 2014, SHARe II further assisted the chiefdom in strengthening the policy and legal environment through the formulation and enactment of chiefdom HIV/AIDS decrees, a component of customary law.

During the strategic planning process Chief Mukuni and the other senior traditional leaders in the chiefdom identified the erosion of the culture and traditions of the Leya people of Mukuni—particularly the younger people—as a contributing factor to the many social ills in the chiefdom and as a driver of the local HIV/AIDS epidemic. With the chiefdom's proximity to Livingstone and the great rushing waters of the wondrous Victoria Falls, the advent of tourism has led to extensive outside influence on the Mukuni community, resulting in a loss of Mukuni cultural values and traditions over time, a situation the leaders would love to see corrected.

In early 2014, Chief Mukuni, the *Ina Nkwazi* (chief's wife), the *Bedyango* (chiefdom matriarch and female traditional leader) and the *Mwendambeli* (chiefdom Prime Minister) reached out to SHARe II and sought technical assistance to undertake cultural re-modeling to: support better HIV prevention and management; facilitate gender equity and equality; and provide a basis for socializing an informed, healthier, stronger, and more resilient Leya girl and boy.

Following the Chief's request, a preliminary qualitative assessment performed by SHARe II and chiefdom leaders in early 2014 revealed key findings to support the need for such a program in Mukuni. Focus group discussions (FGDs) revealed that: the existing socialization process in the

### *Strategic Areas in the Mukuni SDP and HIV/AIDS Policy Decrees to be addressed:*

**HIV/AIDS Strategic Area:** A high HIV disease burden in the chiefdom (Livingstone prevalence ~25%) and high mortality rates among the chiefdom's people over the past 20 years, and low uptake of HIV-related services.

**Culture and Traditions Strategic Area:** Erosion of Leya culture and loss of the cultural moral compass, particularly among the young Mukuni Leya, were identified as major contributing factors to some of the social ills in the chiefdom including HIV/AIDS, teen pregnancies and GBV.

**Gender Strategic Area:** High vulnerability to HIV among young females partly due to cultural norms and practices, high levels of underage marriage, high levels of GBV, low priority placed on education of the girl-child, and relatively low status of women.

## *Mukuni Program Baseline Data – FGD Findings*

- **The Village No Longer Raises the Child:** Village-supported socializations processes for Leya girls have largely died out; socialization is now left to individual families (mother, grandma, aunts and/or undertaken by paid female initiators);
- **Coming-of-Age Teachings Emphasize Role as Wife/Mother and Submission:** Current socialization processes intensify around menarche (9-14 years) and pre-marital, and focus on preparing girls for their roles as wives and mothers, emphasizing the need to be submissive to their husbands even in the face of risk behaviours and harm;
- **Instruction Sometimes Not Age-Specific and/or Age-Appropriate:** Socializing processes are often not age-specific/appropriate, providing explicit sexual training even to very young girls at menarche, who are not yet ready for marriage – while parents recognize the problem, instituting change in teachings that are centuries old has been difficult;
- **Knowledge Gaps among Traditional Instructors:** Most of those responsible for socializing girls have poor knowledge and understanding of reproductive health; HIV transmission and prevention, current laws and protections around GBV; and the importance of gender equity and equality, and respectful gender norms – the knowledge gap is huge and the potential for misinformation equally big;
- **Messaging Discordance:** From the perspective of young people, there is messaging discordance between what they are taught at home through traditional instruction and what they hear from school and other programs on issues of RH, gender norms and relationships, HIV/AIDS, causing confusion;
- **Traditional Sanctions for Non-conformers:** Many girls are afraid of traditional sanctions if they breach expected norms and teachings provided by their elders, and are more likely to conform than not;
- **No Clear Socialization Process/System for Leya Boys:** There is currently no clear socialization structure/system for Leya boys (most of whom are going to be the eventual sexual partners of Leya girls) - the knowledge gap for men is just as big as that for women;
- **HIV-related and Reproductive Health Service Gaps:** In chiefdom inlands, apart from the knowledge and information gaps identified, participants reported that service delivery points for HTC, ART, Condoms, Family Planning, Cervical Cancer screening, VMMC, and other services are far and few.

chiefdom targets young females only, intensifying at menarche and prior to marriage, focusing on preparing girls for their roles as wives and mothers, emphasizing submissiveness to men, even in cases of GBV and particularly within the marriage setting; the community had abandoned village-supported socialization processes for adolescent female Leya, leaving the responsibility to family members who often have poor knowledge and understanding of SRH, HIV transmission and prevention, laws and protections around GBV, and the importance of gender equity and equality; high potential for misinformation and conflicting messaging, with many youth reporting message discordance between traditional teachings received at home and

information received from school and other health-related programs, causing confusion.

These findings, when combined with high HIV prevalence in Livingstone, very high teen pregnancy rates within the province (149 pregnancies, Kazungula District 2013) and limited access to HIV-related health services suggest that there are various factors at play that put youth—particularly AG/YW—at a high risk of HIV acquisition, which can lead to negative health outcomes and may signify broader vulnerabilities.

The chiefdom and SHARe II agreed to develop and implement a community-led, youth-focused program that examines the culture and traditions of



*Balaya review initiation teachings and traditional song and dance of the Loya people of Mukuni chiefdom*

the Loya people of Mukuni, related to the socialization processes for young males and females, focusing on HIV prevention and management, SRH and respectful gender norms and relations. Within the existing hierarchy of the chiefdom, female and male cultural standard-bearers (balaya)—responsible for passing on the traditions of the Loya people—were identified to implement the community-based program to ensure local ownership, leadership and sustainability.

### *Phase One: Reviewing Loya Culture and Traditions from a Youth Socialization Perspective*

In August 2014 SHARE II supported chiefdom leadership and balaya to undertake an inward-looking process of reviewing their traditions and customs in order to understand the link between HIV vulnerability and culture, and to develop strategies to impart this knowledge to young Loya people. Throughout this exercise, balaya not only sang, danced and reenacted initiation teachings for young Loya girls, with the help of SHARE II, they

also identified aspects of Mukuni culture existing beneficial practices that would contribute to risk reduction for HIV acquisition and transmission, engender positive behavior change among youth, and revitalize Loya culture, as well as those that require to be remodeled or discarded, because they are harmful to HIV prevention efforts and to progress towards gender equality and equity.

After developing a comprehensive list of socialization topics, the Mukuni leaders segmented the Loya youth 10 to 24 years into specific age-groups, and identified age-appropriate subjects to teach chiefdom youth, including Loya traditions of respect and tolerance, adolescent reproductive health, delayed sexual debut, gender norms, the dangers of alcohol misuse, HIV prevention, and emphasis on the importance of schooling. They have now redesigned the training curriculum provided to adolescent girls at menarche, removing sexually explicit content and reserving this only for premarital training to young women who are ready for marriage. Thus, a more comprehensive training package that not only teaches culture and traditions, but also HIV/AIDS,





*Male balaya practice condom demonstrations during a SHARE II-led SRH training in March 2015*

SRH, gender and education was developed with technical support from SHARE II.

### *Phase two: Training Traditional Leaders and Chieftom Teachers*

After the review of culture and traditions and design of the curriculum and training materials, groups of patriarchs, matriarchs, balaya, chieftom teachers and peers were trained to rollout the program. There, they learned of the remodeled aspects of Mukuni culture that they were to pass

onto the chieftom youth. In addition SHARE II provided training to fill gaps in HIV prevention, care and treatment, gender issues including GBV, the importance of education, and SRH. All the trained provider groups were trained using the same materials in order to avoid message discordance and to empower youth with correct and consistent information on which base their decisions and choices.

To date, 314 providers (matriarchs, patriarchs, balaya, teachers, and peer supporters) have been trained and are implementing the program, of these, 170 are male and 144 female.

### *Phase Three: Rolling out the Program*

The program is being rolled in the community and in chieftom schools. Under the shade of a large tree in Mukuni's Gundu village, dozens of schoolgirls sit listening intently to the teachings from a trained female balaya on SRH, gender issues and HIV/AIDS. Nearby, in Namilangu village, trained headmen are doing the same with adolescent boys. Trained Mukuni leaders, cultural standard-bearers, schoolteachers and peers have sensitized youth across the chieftom. "We are teaching young people how to prevent HIV, how to have respectful relations. We are grateful to SHARE II and Chief Mukuni. We are happy when we receive reports of change in our communities. We are thankful that we have a part in preventing



*Schoolgirls in Gundu village receive lessons from a female balaya*





*Schoolboys from Namilangu village receiving lessons from local headman*

HIV. Young people should not end up like some of us who are already infected,” says Betty Muti, a trained balaya living with HIV.

To date, a total of 3,905 primary beneficiaries aged 10-24 years (1,353 male and 2,552 female) have been reached through trained balaya, teachers and peers, with messaging on HIV/AIDS, SRH and gender integrated into instruction on Leya culture and tradition. But Mukuni youth are not the only program beneficiaries. The balayas are also actively reaching out and teaching the parents of youth and other community members whose support is

crucial to the success of the program. As a result, a secondary group of beneficiaries, a total of 5,236 adults (1,731 males, 3,505 females) reached via community outreach from traditional leaders, were also sensitized in HIV/AIDS, SRH, gender, and the importance of education.

### *Other Program Achievements*

Through this program, Mukuni chiefdom has changed some of its cultural norms and improved the chiefdom policy environment to support its youths to be healthy and educated.

Since the start of the adolescent program in Mukuni, health facilities report an unprecedented demand for HIV and reproductive health-related services in the chiefdom. Both individuals and couples are showing up in droves for HTC, often overwhelming supplies of testing kits, and both youths and adults are demanding services. “Since my wife is expecting, it is important that we test together so that we know how to protect our child and ourselves,” says 22 year-old Gilbert of the lessons he and his wife learned from balaya in Kayube village. Interest in cervical cancer screening and VMMC has also increased, not only among youth, but also among adults in the community and the trained leaders who reach out to them. As outlined above, between January and March 2015,

*Total number of providers trained and youths (10-24 years) and adults (25+ years) reached in Mukuni chiefdom with messages on HIV/AIDS, SRH, gender and Leya culture*

	Female	Male	Total
<b>Youths 10-24 reached</b>	2,552	1,353	3,905
<b>Adults 25+ reached</b>	3,505	1,731	5,236
<b>Providers Trained</b>	144	170	314

389 men and boys had registered for VMMC. In addition 856 women and girls had registered for cervical cancer screening during the same period.

Mukuni leaders opened several access points for condom distribution in the chiefdom and are providing linkages to other HIV and SRH services in order to ensure chiefdom support for sexually active youth ages 10-24, thereby enabling young Leya to protect themselves from HIV/STIs and unintended pregnancies. In Makoli zone, Mrs. Moono Kalaluka expresses appreciation for the balaya teachings, "I have learnt much even before teaching my children. I thought condoms were only for those in multiple relations. I and my husband, we use condoms, since we are a discordant couple and I am living with the virus. This program has helped me to accept my status. I have also taught my children about the importance of condoms." Similarly, Yvonne, an adolescent mother in Masikili Zone says, "I have learnt how to prevent pregnancy. I know having sex leads to pregnancy, however, I now know I can prevent pregnancy by using condoms."

Mukuni leadership also resolved to prioritize education for all youths, male and female, through the creation of Education Task Forces within each

chiefdom zone. These teams are composed of community members who operate in concert with teachers and trained balaya to educate community members, particularly parents, about the importance of education for Mukuni youth, to identify children for re-entry, and to work with parents to return their children to school and maintain them in school. "With balaya we are able to see young people retrieved from marriage and re-enter school. We have also had a problem with parents sending their children to town to sell vegetables and charcoal. Through balaya, I have seen young people who are now consistently at school," says Charles Silukuyi, Headteacher at Siamasimbi Primary School.

Among those who leave school prematurely, girls are disproportionately affected due to early marriage, unplanned pregnancy and traditional gender norms that favor male education. So far, 3 girls have been withdrawn from early marriages and are back in school. The Mukuni community reports another 25 girls have re-enrolled after leaving school for various reasons, including teen pregnancy. "The lessons from SHARe II about young people returning to school are very welcome, for we know if girl children are educated



*Mr. Siatembo, a teacher and trained balaya discussing MCP with pupils in Mukuni chiefdom*



## ***Mukuni Youth Program Achievements***

### ***Increased HIV/AIDS leadership:***

Chieftdom leaders are actively providing leadership for behavior change to reduce HIV transmission and acquisition by chieftdom youth 10-24.

### ***Increase in uptake of HIV-related services:***

VMMC, HTC, FP/RH services, and condoms by Mukuni youth. For example 389 youths were booked for VMMC in between January and March 2015—the DMO is providing services, but struggling to meet demand.

### ***Cultural training redesign:***

Traditional coming of age training for girls has now been re-designed and is age-appropriate. The chieftdom no longer prepares young girls aged 9-14 for marriage and motherhood at menarche. Instead they are taught personal hygiene, aspects of SRH, HIV/AIDS, and gender, and encouraged and supported to remain in school.

### ***Chieftdom environment more supportive of youth health and education:***

As more parents learn about the program and undergo training themselves, there has been an attitudinal change from condemnation to support for chieftdom youths, to assist them to make informed and safer choices that prevent HIV, unplanned pregnancies, GBV, school drop-out and early marriages. Sexually active youths are now not frowned upon when they seek for help – they are instead pointed in direction where they can access condoms and other SRH products and services.

### ***Condom provision through chieftdom-supported outlets:***

Several condom access points for sexually active youths have been established in every chieftdom zone, and these include adults and also peers, to circumvent the cultural barriers for youths in accessing condoms from adults only – they can access them through fellow youths.

### ***Prioritization of education including for girl children:***

25 girls who had dropped out due to pregnancy, early marriage and other reasons are now back in school.

there is benefit for the entire community,” explains Savior Sikabeta of Masikili Zone, whose daughter hopes to resume her studies after a two year absence following the birth of her child.

Mukuni chieftdom’s return to community-led socialization processes for chieftdom youth has engendered a paradigm shift in attitudes and behaviors among young people—they are now more in touch with their cultural and traditional roots than ever before, and because they are armed with the correct information about HIV/AIDS, SRH, gender issues, GBV and respectful gender relations, and because they have access to appropriate HIV-related and SRH services, they now have the knowledge to make the right choices and decisions about their health and education.

HRH Chief Munokalya Mukuni and the other Mukuni leaders have demonstrated through this program that it is possible for culture to be dynamic; and indeed that it is sometimes imperative to marry cultural and traditional continuity on one hand to adaptation, change and innovation on the other, in order to enable oneself to survive and thrive in a changing environment. They have shown that Mukuni culture can: innovate and modernize in a way that respects its progressive norms and traditions; absorb change and be remodelled without being erased; and incorporate change that helps to safeguard the health and lives of the people of Mukuni.

Another major lesson learned from the Mukuni program for youths is that when communities are involved in defining their own problems and designing the solutions to address those problems, they are invested in seeing the programs succeed and are willing to invest their own resources to sustain the programs. Mukuni chieftdom is currently sustaining this program using chieftdom resources, with only periodic technical support from SHARe II to ensure quality. Mukuni’s youths will be alive, healthy, strong, resilient and educated tomorrow, because their leaders and parents have had the courage and foresight to remodel their culture and traditions today, to facilitate this, and further have invested chieftdom resources to sustain the program that makes this possible. ♦





*Senior Headman Masuntu (with strip of condoms in hand) declared he would be the first to establish a condom distribution point in his zone*

## January to March 2015: Other HIV/AIDS Leadership Activities and Achievements

- Community Capacity Assessment (CCA) and Community Development Action Planning (CoDAP):** SHARE II facilitated a CCA and CoDAP processes in Chibwika chiefdom. Since completing the process, Chibwika chiefdom is now implementing changes in its approach to HIV/AIDS. With SHARE II's guidance, the chiefdom appointed an HIV/AIDS focal point person to coordinate the HIV/AIDS response in the chiefdom, began modifying their governance structure to include resident technocrats and organized stakeholder's forum meetings where traditional leadership will discuss HIV/AIDS and chiefdom development issues with stakeholders. These actions enable Chibwika chiefdom to respond effectively to the challenges of underdevelopment and HIV/AIDS.
- Building the Capacity of Traditional Leaders to Reach Out to their Communities with HIV/AIDS Messaging:** During the period under review, SHARE II trained chiefs, senior village headpersons, village headpersons, traditional councilors, youth leaders, female leaders and other community leaders in HIV/AIDS messaging in Mutondo and Kahare chiefdoms. These leaders are using the skills learned in the trainings to reach out to their communities with important messages and information to address the drivers of HIV. In Mutondo Chiefdom, the 40 trained leaders provided HIV/AIDS messaging to 1,326 community members within a week after the training. Similarly in Kahare, the 40 leaders reached out to 1,065 community members within the same period of time. Like many other SHARE II partner chiefdoms, both Mutondo and Kahare chiefdoms have formed HIV/AIDS mitigation teams (HAMT), organized groups of trained leaders responsible for leading and coordinating their chiefdom's response to the epidemic.
- Integrating HIV/AIDS into the Curricula of Theological Training Institutions:** In the period under review, development of a facilitator's manual for theological schools reached an advanced stage. Representatives from bible schools and theological institutions provided feedback during a validation meeting, which will be incorporated in the final version of the manual to be completed in the next reporting period.. SHARE II partner schools continue to integrate HIV/AIDS into theological curricula. During the reporting period these institutions continued to enroll students of theology who are expected to complete their programs with comprehensive knowledge on HIV/AIDS issues.
- Improving Chiefdoms' Ability to Effectively Use Chiefdom Resources:** In the period under review, SHARE II partner chiefdoms continued to identify and engage stakeholders to carry out activities that contribute to achieving strategic plan objectives. In February 2015, Macha Chiefdom in Choma District, Southern Province began construction on an office and conference facility block near the palace in accordance with their developmental strategic plan under the infrastructure strategic objective. Once completed, the building will accommodate the chief's office and will also provide conference facilities for community groups that actively participate in HIV/AIDS programming.

## Stepping Up: Chieftainess Shimukunami Leads the Fight Against HIV/AIDS through Customary Law Decrees

In Shimukunami chieftom, the Chieftainess summons 12-year-old Abness Chamulomo and her parents to the palace. Abness, a grade four pupil at Katembula Primary School in Filaba village, was about to become a child-bride through an arranged early marriage to 21-year-old Chola Chiwala, a father of two, when Chieftainess Shimukunami heard about her case, and stepped in. Further investigations revealed that Chola had paid Abness's parents a small fee to begin marriage negotiations in early 2015, and later, they agreed upon a K 3,000 (approximately 410 USD) bride price. Fortunately, before Chola and the Chamulomo's could finalize the process, Chieftainess Shimukunami intervened and stopped the marriage.

In the SHARE II-supported *Policy Declaration of Leadership and Commitment on HIV/AIDS for Shumukunami Chieftom*, signed into practice by the Chieftainess in March 2014, traditional leaders and chieftom residents declared their commitment to addressing the HIV/AIDS crisis by tackling local

drivers of the epidemic—including traditional practices such as early marriage. "We resolve to outlaw early marriages, and any offender shall be punished," the policy declaration states. Based on this policy decree and her authority as the leader of the people of Shimukunami, the Chieftainess immediately halted the marriage process, informed the local police, instituted punishment for those involved and returned Abness to school. "I was scared of getting married because I am young. I feel happy that I will be going back to school. I want to help my family when I finish school," explains Abness.

Some cultural practices and social norms, such as multiple concurrent partners, age-disparate sexual relations, sexual cleansing of widows/widowers, wife inheritance, early marriages, alcohol abuse and GBV, influence individual and group HIV risk and contribute to the spread HIV. Traditional leaders in Zambia are the custodians of cultural practices; they have the power to either perpetuate them or eliminate them.



*Rescued from an early marriage, 12-year-old Abness is seated next to Chieftainess Shimukunami and Timothy Banda, SHARE II Gender and Advocacy Manager at the Royal Place in March 2015*





*Chieftainess Shimukunami signs the Policy Declaration of Leadership and Commitment on HIV/AIDS for Skimukunami Chiefdom in March 2014*

SHARe II respectfully engages chiefdom leaders and their people, initially by assisting them to address poverty and HIV/AIDS by planning for development and local HIV responses. During planning, they are encouraged to collectively identify cultural determinants of HIV transmission in their communities and the possible solutions to address them. Through a bottom-up consultative and participatory process that allows community voices to be heard, SHARe II assists chiefdoms to initiate and maintain changes in community norms in support of HIV prevention through written community HIV/AIDS policy decrees.

Regulations on alcohol sale and consumption; bans on sexual cleansing; ensuring access to condoms; encouraging disclosure of HIV status between sexual partners; promotion of mutual monogamy; and punishment for those who engage in HIV/AIDS-related stigma and discrimination are a sample of the decrees collectively developed and promoted by the Shimukunami community. Each of these policy decrees is an important component of Shimukunami chiefdom's response to HIV/AIDS. As important as each of these policy decrees is, the Chieftainess holds those protecting the rights of young girls near and dear to her heart.

*"As a traditional leader in the chiefdom, my passion for stopping the marriage of young girls began because I almost became a victim when I was just about 12 years old. After the death of my mother, I was taken by my aunty and she started forcing me to get married to one of the men in Shimukunami chiefdom. Luckily, my elder sister advised me to run away from our aunty who was forcing me to get married at a tender age. I followed what my elder sister's advice and I ran away and started staying with our other aunty, where I managed to go to school and got married properly to the man of my choice. I was then chosen by our family to be the Chieftainess of Shimukunami chiefdom, even though I was the youngest daughter. This is when my passion of stopping early marrying of young girls began. I was motivated by SHARe II, who assisted me to make a policy declaration and leadership commitment on HIV/AIDS. From the time the declaration was made in 2014, I have been going round in my chiefdom sensitizing my subjects on the dangers of early marrying of young girls and giving my personal life testimony".*

Chieftainess Shimukunami has canvassed the chiefdom telling her story, and the community has been listening. John Chanda, aged 17, lives in Katembula A-section. In early 2014, he was courting 21-year-old Precious Chinika of Fibato villate, a grade-9 pupil at Shimukunami Secondary



*Joseph Shanga, the Chieftainess's Retainer, supervising the punishment of the family of 12-year-old Abness Chamulomo for their actions in marrying her off to a 21-year-old man. As a penalty, the Chamulomo family is required to clear land for one week at the "Mutamfya Nsala" traditional arena.*

## *The impact of policy declarations in Shimukunami Chieftom*

### **Gender Based Violence**

Not only are there fewer reported cases of GBV in Shimukunami since the passage of the HIV/AIDS decrees, victims are more likely to seek out help from the local authorities, who have received an orientation on customary law and support the local declarations.

### **Promotion of Antenatal Care**

Since the policy declaration in Shimukunami, the number of women attending antenatal clinics with their partners has increased. Furthermore, those who choose to give birth at home are required to ensure the presence of a trained birth attendant.

### **Regulations on Alcohol Sales and Consumption**

Before the policy declaration, the opening and closing hours of alcohol vendors and underage patronage at bars in Shimukunami was not regulated. Upon implementation of the decrees, the chieftom royal council provided bar owners with a comprehensive orientation on the new customary laws. As a result, bars in Shimukunami now operate between 10:00 and 20:00 hours and underage customers are turned away. Headmen report reduced alcohol consumption and strengthened partnerships with local authorities in the regulation of alcohol sales.

### **Collaborations with Local Stakeholders to Support HIV/AIDS Prevention and Mitigation and Protect Vulnerable Populations**

Shimukunami leaders are now working with the police, local churches, Ministry of Education, civic leaders and NGOs to reduce teen pregnancies, early marriage and to identify youth for school re-entry as specified in the chieftom declarations. Since the enactment of the policy decrees, seven girls and four boys were rescued from early marriages. Two of the boys have returned to school and four girls resumed their studies after giving birth. Chieftom leaders are working with the Ministry of Education to monitor students who rent rooms from local residents due to lack of housing on school campuses. Leaders are also partnering with international organizations like World Vision to support "Faith," a local orphanage, to ensure OVC are provided with the necessary care and support.



*Village headman Mambwe of WHY section (left) has been instrumental in ensuring that the chieftom HIV/AIDS Policy Declaration is fully implemented. Margaret Tiki (right) and her mother (center) discuss Margaret's return to school after Chieftainess Shimukunami halted her marriage to a 25-year-old man.*



School. When Precious became pregnant her parents insisted the two marry, despite John's age. John's guardian refused for fear of reprimand under the newly-signed chieftom decree.

Similarly, when Mwaba Chilekwa, a grade 12 learner fathered a baby to 16-year-old Veronica Meleka in Musuki village, Veronica's parents pushed for marriage. Mwaba's guardian refused, "I was one of the people at the meeting of making the policy decree. I cannot allow my boys to set a bad example by allowing them to get married early in my house." Instead, the families negotiated financial support in the form of "damages," which Mwaba has since paid.

Mr. Mambwe, a village headman is one of many supporting Chieftainess Shimukunami's efforts through enforcement of HIV/AIDS policy decrees.

When he learned of Mr. and Mrs. Tiki's efforts to marry off their daughter Margaret, age 15, to 25-year-old Francis Musonda of Kitwe, he reported the case to the palace. Chieftainess Shimukunami immediately halted the Tiki's efforts and notified school authorities. Margaret has now returned to grade 9 at Kabamba primary school where she will continue her studies.

These experiences demonstrate how chiefdoms can improve the local HIV-related policy and regulatory environment through social norm changes to address local drivers of HIV. It also demonstrates the power of democratic processes to drive change: Chiefdom leaders can engage community members in the development of customary law that not only is relevant to their daily lives, but also reflects their desires to mitigate the effects of HIV in their communities. ♦

## January to March 2015: Other HIV/AIDS Legal and Policy Activities and Achievements

- **Deceased Brother's Widow Marriage Act (DBWMA) Repeal—Feasibility Study:** In March 2015, SHARe II completed data collection on support for the DBWMA repeal in the four remaining provinces (Eastern, Muchinga, Lusaka and Western Province). SHARe II and ZLDC have commenced data analysis and report writing, expecting to present the report and recommendations to the Ministry of Justice in June 2015.
- **Adoption of the Draft National Alcohol Policy (NAP) by Line Ministries:** Although the policy has not yet been approved, the Ministry of Community Development, Mother and Child Health has adopted NAP as a working document and are using the Policy Implementation Plan to form three technical working groups responsible for implementing its provisions: Alcohol Demand Reduction; Harm Reduction, Treatment and Support; and Advocacy and Coordination. These working groups will meet once a quarter to discuss actions towards operationalization.
- **Amendments to the RDA Clause:** SHARe II provided technical assistance to the Ministry of Transport, Works and Communication (MTWSC) to mainstream HIV/AIDS into the Road Development Agency (RDA) Clause. The RDA Clause ensures that the RDA earmarks a percentage of road construction project funding for community development activities, including HIV/AIDS, in the areas where construction takes place. During development of the suggested clause amendment, SHARe II assisted MTWSC to define the roles of NAC and DATFs to coordinate the HIV response. and to identify stakeholders to carry out HIV/AIDS activities such as sensitization, HTC and condom distribution. SHARe II then facilitated a stakeholders' meeting where the clause was presented and validated by key MTWSC representatives. MTWSC presented the HIV/AIDS amendments to the RDA Clause to the Ministry of Justice for consideration.
- **Workplace HIV/AIDS and Wellness Policy Development in Line Ministries:** In the period under review, SHARe II trained 31 members of staff from the Ministry of Chiefs and Traditional Affairs and the Ministry of Foreign Affairs in HIV/AIDS and wellness policy development. The ministries will use the information from policy development exercises facilitated by SHARe II to produce the first draft of their respective workplace policies. Additionally, the Public Service Management Division, the Ministry of Mines, Energy and Water Development, the Ministry of Labour and Social Security and the Ministry of Commerce, Trade and Industry finalized their HIV/AIDS and wellness policies with technical assistance from SHARe II.

## Strengthen and expand HIV/AIDS workplace programs

SHARE II works with both the public and private sectors to expand access to workplace programs and strengthen linkages and referral systems with community-level partners and implementers. Through this work, SHARE II and its partners can expand access to HIV prevention, care, support, and treatment services—for employees, dependents and defined outreach communities—to reduce HIV-related employee absenteeism and ultimately contribute to increased productivity.

Workplace HIV/AIDS programs that include appropriate linkages to care and treatment services have resulted in significant improvements in general employee health and reductions in absenteeism in many workplaces. This has led to a switch in priorities by many workplaces to have more integrated health programs that address HIV and other related issues.

### Culture vs. Science: Expanding Efforts to Halt Efavirenz Misuse and Prevent HIV

At a Zambia Police Service (ZP) camp in Chipata, Eastern Province, 102 camp residents attended a May 2014 Gender and Sexuality in HIV/AIDS (GESHA) workshop facilitated by 14 SHARE II-trained ZP officers and their spouses. GESHA provides a safe space for discussions amongst couples, workmates and community members on sensitive issues such as gender based violence, multiple concurrent partnerships, gender roles and notions of sexuality and within the context of Zambian culture without fear of reprimand from cultural standard-bearers. But this training session was a bit different from all of the rest, there was a new topic up for discussion—“*nsunko-plus*.”

In 2013, SHARE II learned through a visit to ZP camps on the Copperbelt that many women in the camps were grinding tobacco—known locally as *nsunko*—and mixing it with Efavirenz (an ARV) and other ingredients in a modified form referred to as “*nsunko-plus*.” Women were sniffing or ingesting this mixture to acquire a feeling of being “stoned,” thus reducing inhibitions and allowing them to assert their sexual desires, behavior that is in conflict with cultural gender norms. Additionally, women were applying *nsunko-plus* vaginally, falsely believing that Efavirenz not only functioned as an aphrodisiac, but would also prevent HIV acquisition. *Nsunko-plus* is also be-

lieved to be a vaginal drying agent, and the women thought that the application of *nsunko-plus*, by drying the vagina, made sex more pleasurable for men.

ZP and SHARE II recognized that this behavior was harmful to the HIV response in Zambia. Misuse of ARVs can lead to drug resistance, and as a key component of first-line HIV treatment, misuse of Efavirenz could have unfavorable effects for the national HIV treatment program. Fur-



Alfred Nawa, Deputy Regional Commander for the Zambia Police Service in Eastern Province, leads a GESHA training-of-trainers session with 14 couples from the Chipata ZP camp



Credit: Orbis International



*Misuse of Efavirenz, an ARV, in the form of “nsunko plus” has negative consequences for the HIV/AIDS response in Zambia*

thermore, the limited ARV supply in Zambia needs to be used for medically appropriate treatment. If the women believed that the mixture was preventing HIV, they may be less likely to negotiate for condom use, actually putting them at high risk of acquiring or transmitting HIV. Additionally, inserting substances into the vagina for dry sex compromises the integrity of the vaginal mucosa, facilitating HIV transmission and acquisition.

To address this problem, SHARE II expanded messaging within the GESHA training package to address *nsunko-plus* and took a systematic approach to reduce misuse in ZP camps in the Copperbelt. First, in October 2013, SHARE II provided a GESHA training-of-trainers for 20 high-ranking women from 10 ZP camps who had authority to conduct sensitization sessions and identify at-risk women. SHARE II and these trained leaders then targeted a larger group, providing training in December 2013 to 54 women considered to have influence in halting the use of *nsunko-plus*, including manufacturers, sellers, women in positions of authority, and traditional

counselors. Finally, SHARE II expanded its messaging to men through a GESHA training with 20 couples in February 2014 to address the pressures women felt to continue using *nsunko-plus*, in order to please their sexual partners.

Trained GESHA facilitators from Copperbelt ZP camps provide regular community-wide education in the camps through monthly camp meetings and various outreach activities. It was during these meetings that residents and officials identified female civilian employees working in the camps as frequent users of *nsunko-plus*. In August 2014, ZP expanded the program, providing GESHA training and sensitization on the risks of *nsunko-plus* use to civilian staff in Copperbelt camps.

This approach not only created a groundswell of support and concern over the misuse of Efavirenz and the increased risk of HIV transmission and acquisition. As program implementation progressed, HIV/AIDS coordinators in the camps reported progressive reduction in demand for and use of *nsunko-plus* and, as a result, fewer vendors were offering the mixture. Moreover, male



spouses involved in GESHA sessions were surprised to find that their wives resorted to using drying agents. Most of the men indicated that they have never expressed a preference for dry sex. GESHA offered the couples a safe environment for open discussions about sexual health and respectful relationships, enabling open communication and thus eliminating the need for using dis-inhibiting substances.

The ZP HIV/AIDS Secretariat expressed great satisfaction with the successes achieved in tackling *nsunko-plus* on the Copperbelt. However, consultative discussions with HIV/AIDS coordinators from camps in other provinces revealed that the problem was more widespread than initially thought. Subsequently, the ZP HIV/AIDS Secretariat decided that work to combat *nsunko-plus* should not be confined to the Copperbelt, and began to put in place measures to scale-up the modified GESHA program in Lusaka and Eastern provinces.

In Eastern Province, SHARE II held a GESHA training for 14 couples in November 2013, preparing them to reach out to their respective communities with information on HIV/AIDS, gender norms and vulnerabilities associated with ARV misuse. These couples then provided information and outreach to an additional 102 individuals selected from ZP camps across the province. After developing a core group of

competent community mobilizers on the issue of *nsunko-plus*, the ZP HIV/AIDS Secretariat worked alongside these individuals to hold a campaign in Chipata, reaching over 700 people from ZP camps in Eastern Province with key messages aimed at stamping out the harmful abuse of Efavirenz.

In Lusaka province the program is growing too, with SHARE II and ZP leadership laying the foundation for a budding system of outreach. In May 2014, SHARE II trained 64 people—HIV/AIDS coordinators, couples and influential individuals from five different camps within Lusaka Province—to engage ZP camp communities on the dangers of *nsunko-plus*, HIV/AIDS and GBV. As in the Copperbelt and Eastern province camps, each month SHARE II-trained individuals and couples facilitate community meetings in their respective camps to foster open discussion about the issues affecting residents—including *nsunko-plus*.

As of March 31, 2015 providers in the Copperbelt, Eastern and Lusaka provinces have reached 4,689 people with combined *nsunko-plus*, gender norms and HIV/AIDS messaging in the camps. As both men and women are mobilized towards stopping the practice, ZP camp residents not only report a noticeable reduction in the misuse of ARVs, but improved dialogue within the community and, more importantly, between couples—who are learning about effective methods of HIV prevention and improving gender relations. ♦



Credit: CBC Radio

Many women in the camps were grinding tobacco—known locally as *nsunko*—and mixing it with Efaviraenz (an ARV) and other ingredients in a modified form referred to as “*nsunko-plus*”



## Strengthening CSR Programs in Livingstone



*Grade 6 Pupils at Simoonga Basic School brainstorming risk factors that would hinder their progress at school*

To strengthen the corporate social responsibility (CSR) programs of public-private partnership (PPP) programs in Livingstone, SHARE II facilitates PPP partner engagement on HIV/AIDS and other health-related issues with defined outreach communities. PPP partners, alongside SHARE II, carry out community outreach activities in chief Mukuni's Gundu village and Chief Sekute's Simoonga village to address gaps in adolescent sexual health education.

In the period under review, SHARE II continued to work with community mobilizers and PLHIV peer supporters to address the drivers of HIV/AIDS in the communities of Simoonga and Mukuni. Teachers participating in the SHARE II-supported program at Simonga Basic School and Mukuni Comprehensive School engage pupils (grades 5 -12) through interactive teaching methodologies that motivate pupil self-reflections on sexuality and sexual health and a number of problems, such as teen pregnancy, early marriage and GBV. Since the program began, there have been no instances of teen pregnancy or early marriage among female students in either school.

January to March 2015:

### Other Workplace HIV/AIDS Programs Activities and Achievements

- Peer Education Training with Zambia Federation of Employers Partner Companies:** SHARE II worked with Heinrich Beverages, a subsidiary of SABMiller, to develop a work plan for the implementation of a workplace wellness program, trained peer educators and provided guidance on the development of a nutritional supplementation program for low-income employees. SHARE II also held a peer education training for human resource managers with NWK AGRI-SERVICES responsible for the coordination of the workplace program and 6 regional HIV/AIDS and Wellness Focal Point Persons from Lusaka, Central, Southern and Eastern Provinces.
- Support to the Livingston Tourism Association:** During the reporting period, LTA organized a one-day sensitization meeting for 90 commercial sex workers to discuss HIV prevention methods and positive health-seeking behaviors. LTA also held quarterly mentorship meetings for peer educators from markets guesthouses to review performances and share experiences. SHARE II provided technical assistance through its local office in Livingstone, strengthening LTA's ability to coordinate HIV/AIDS programs among their member businesses and linking them to other stakeholders, such as the DATF and district health office, for additional technical support.
- HIV/AIDS Programming in Line Ministries:** SHARE II facilitated a three-day peer education training funded by the Ministry of Transport, Works, Supply and Communication for 17 at-risk staff members from Ndola and Kitwe and conducted a five-day M&E workshop, providing participants with skills in monitoring and evaluating HIV/AIDS and wellness programs and also sensitization on various HIV prevention topics (i.e. MCP, VMMC, HTC, condom use, HIV treatment and adherence, stigma and discrimination, etc). In collaboration with the SHARE II Legal and Policy team, the SHARE II workplace program co-facilitated a workshop for the Ministry of Agriculture to develop implementation strategies for effective operationalization of the MAL HIV/AIDS and Wellness Workplace Policy.

## Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners, and other stakeholders

SHARE II provides technical assistance to the Government of the Republic of Zambia through the National HIV/AIDS/STI/TB Council (NAC) to improve collaboration and coordination of the HIV/AIDS response across multiple partners and stakeholders. These efforts include providing support for joint planning; developing and maintaining a monitoring system that tracks the leadership, legal and policy environment; strengthening coordinating structures' activities; and improving monitoring and evaluation for national HIV/AIDS activities. SHARE II also provides support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

A tracking system for HIV/AIDS leadership, policy and legal and coordinating structures has been successfully developed and implemented by SHARE II and was handed over to NAC during the quarter under review. This system will greatly assist NAC and Zambia to meet some of the UNGASS reporting requirements. ♦

### Monitoring & Evaluation (M&E)

SHARE II M&E activities ensure the collection, analysis and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARE II's ability to effectively implement activities. SHARE II also provides technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting. SHARE II activities during the quarter included routine in-house data management, such as data entry and cleaning and M&E support to technical teams.

#### *Data Quality Assessments*

Two data quality assessments (DQAs) were conducted during the period under review with SHARE II partners, Zambia Prisons Service and Zambia Police Services.

#### *PEPFAR Targets*

Data collection continues through SHARE II and its partners for the PEPFAR MER indicators. SHARE II has already achieved its LOP targets for MER indicators and is on track to achieve NGI indicators and FY2015 targets for GEND\_NORM and PP\_PREV (see Table on the next page).

SHARE II MER indicators are either new or modified indicators from the NGI, including PP\_PREV and GEND\_NORM. Under the PP\_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations—SHARE II's performance at Quarter 2 was 102%. SHARE II's priority populations are as follows: 1) Adolescent Girls and Young Women 10-24; 2) People Living with HIV (PLHIV); 3) Uniformed Services (Prison Guards and Police Officers); 4) Migrant Workers and 5) Prisoners.

For the indicator GEND\_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 220% during the reporting period. Interventions that feed into the GEND\_NORM indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, and partner chiefdoms and churches.

Under the HTC\_TST indicator (formerly NGI indicator P11.I.D)—number of individuals receiving testing and counseling services for HIV and received their test results—SHARE II performance was 10%, as of Quarter 2. This is attributed to delay in funding which led to the suspension of outreach activities. ♦

*Achievement and targets on PEPFAR MER indicators for FY2015 and LOP*

PEPFAR Target	Current Fiscal Year (FY2015)					Life of Project (LOP)				
	Target	Male	Female	Total	%	Target	Male	Female	Total	%
PP_PREV	9927	6862	3297	10159	102	29263	22532	6926	29458	101
GEND_NORM	2100	1711	2903	4614	220	6289	5879	4487	10366	165
HTC_TST	12500	679	519	1198	10	101504	61868	39297	101165	100

## Finance & Administration

### *Task Order Funding*

During the reporting period, SHARE II was advised that the project will not receive the full award budget amount of \$29,990,690 and the total obligation was expected to be \$25,796,986. At the time of submitting this report JSI has received, what is now currently believed to be the final obligation under the SHARE II Task Order, bringing the total funding to a further reduced amount of \$25,405,486 (approximately 85% of the award budget and a total reduction of \$4,585,204). The incremental funding received during 2015 was thus 36% of that expected by JSI for the final year of SHARE II and this has, therefore, had a significant effect on project operations.

As of March 31, 2015, JSI had expended and accrued approximately \$23,682,868 under the SHARE II task order. The pipeline balance of \$1,722,618 will be utilized to effectively document

and close out the SHARE II project over the remaining months of the project.

### *Local Sub-partners*

Due to the severity in funding reductions for the final year, all SHARE II Sub-Partners were closed out during the period, including all local sub grantees and international partner Initiatives Inc. Contracts for all Initiatives Inc. staff housed within the SHARE II offices were all terminated during the period.

### *Personnel and Procurement*

All key personnel remain at post. Reductions in SHARE II JSI staff are anticipated in the forthcoming period.

There was no significant procurement during the period and none is anticipated through the remainder of the project. ♦



SHARE II staff, February 2015



A headman from Chibwika chiefdom in Northwestern Province discusses transport issues in the chiefdom during a SHARe II-facilitated community development action planning workshop held in March 2015. The draft plan mainstreams HIV/AIDS in all the sections, including the transport section.



This report has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-I-02-07-00059-00, implemented by John Snow, Inc. The contents of this report are the sole responsibility of SHARe II and John Snow, Inc., and do not necessarily reflect the views of USAID or the United States Government.